

Grapevine High School Mustang Band
Authorization To Secure Emergency Medical Treatment of A Minor

Print Name of the student _____ Age _____

Grade _____ Date of Birth _____ Gender - Female / Male

Print Name(s) of the Legal Parent/Guardian

Mr. / Mrs. _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Work Phone (____) _____

Friend, neighbor, relative, or other contact person if unable to contact parent:

Name _____ Phone (____) _____

This form will certify that I, the legal parent/guardian of the minor child listed above, authorize any official representative of the Grapevine-Colleyville Independent School District of Grapevine, Texas, to secure any and all emergency medical care and treatment for my child in the event of an acute illness suffered or injury sustained while at school or participating in a school sponsored or related activity.

Medical treatment may be secured at any medical facility, hospital, emergency vehicle, or at the site of the accident/illness by any trained and licensed medical professional(s) with the following exception _____

I understand that the cost of transportation and medical services provided to my child remain the sole responsibility of the parent/guardian and shall not be assumed by the Grapevine-Colleyville Independent School District or any of its any of its representatives.

Please list any medical conditions we or the medical staff need to be aware of: _____

Please list any prescription medication(s) _____

Please list any allergies or prior adverse drug reactions _____

Medical Insurance Company _____

Policy / Group Number _____ *Phone number (____)* _____

Parent / Guardian Signature _____ **Date** _____